

**Federal Radiological Monitoring and Assessment Center
(FRMAC)
Advance Party Meeting Checklist**

Name of Event _____

Location: _____

Date: _____

FRMAC/Advance Party Meeting Location: *Identify the location at which the Advance Party Meeting will be held or where the FRMAC will be located. Provide the name of a contact person at the location and any phone numbers which may be pre-existing.*

	Contact Name (if any)	Address Phone Number#
Advance Party Meeting		
FRMAC		

Concurrence with APM Decisions: *Signatures in this block indicate Decision Makers' agreement with the information and concerns listed in the attached document..*

Title	Signature	Date
DHS Representative		
Coordinating Agency Rep		
FRMAC Director		
State Representative		
Local Representative		

Event/Location: _____

Date: _____

I. List Key Officials, EOC(s) and Liaison(s) Information

Key Officials: *Identify DHS Principal Federal Official, Coordinating Agency Representative, State, Tribal, County, and Local Response leaders, and introduce FRMAC leaders. Enter all available contact information.*

Positions	Name	Location of Operation/ Phone Number
DHS Representative		
FEMA Representative		
Coordinating Agency Representative		
Lead State Official		
State Logistics Support		
Lead Local Official		
EPA Sr. Official		
NRC Representative		
Advisory Team Leader		
FRMAC Director	Colleen O'Laughlin	(702) 794-1839 (pager) (702) 630-0203 (cell)
FRMAC Operations Manager	Bill Suiter	(702) 295-1299 (office)
FRMAC Monitoring Mgr.	Kurt Galloway	(702) 794-5991 (pager) (702) 630-0359 (cell)
FRMAC Assessment Mgr.	Craig Mariano	(702) 794-5841 (pager) (702) 521-9647 (cell)
FRMAC Health & Safety Mgr.	Bill Bair	(702) 794-6770 (pager) (702) 630-0631 (cell)

Event/Location: _____

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Other Federal Agencies Involved in Response: *Identify and provide contact information for other Federal agencies involved in the response.*

EPA Regional Rep.		
HHS/Advisory Team		
USDA/Advisory team		
EPA/Advisory Team		

Operational EOCs: *List the status of and contact information for activated Emergency Operations Centers (state, local government).*

EOC	Contact Name	Location of Operation/ Phone Number#

State/Local Liaison(s): *Identify state and local contacts who will integrate with the FRMAC with support and information for logistics functions (e.g., Health & Safety, Monitoring & Sampling, Lab. Analysis).*

Organization	Contact Name	Location of Operation/ Phone Number#

Event/Location: _____

Date: _____

FRMAC Liaisons : *Identify FRMAC representatives who may be located in off-site locations. (For example: EOCs, JOC, JFO, etc.)*

Location	Contact Name	Location of Operation/ Phone Number

Incident Response Locations : *Identify any known information for locations of Incident Command Post, JFO, or Forward Staging Areas that may already have been activated.*

Location	Contact Name	Contact Phone/Pager/Cell Information

Logistics Support: *Identify local organizations which can provide support in the following areas.*

Location	Contact Name	Location of Operation/ Phone Number
Air Freight Delivery		
Radio Frequencies		
Liquid Nitrogen		

Event/Location: _____

Date: _____

III. Status/Description of Incident (On-Site and Off-Site)

Has a release occurred? <i>Identify if a release has occurred by marking "Yes" or "No". If so at what time? When did release stop? Did more than one release occur? Please provide information below.</i>	<div>Yes</div> <div>No</div>
If so, has it terminated? <i>If a release has occurred, identify if it has terminated by marking "Yes" or "No" Add any additional information in space below.</i>	<div>Yes</div> <div>No</div>
What is the source term (measurements, isotopic identification, predictive models, etc.)? <i>Identify the estimated source term(s), dominant isotopes, and meteorological conditions present during the release. If any actions have been taken to stop and/or mitigate the release(s), state them here.</i>	
What computer models have been run? <i>State whether any atmospheric prediction plots or other computer models have been made.</i>	
Where are the resulting data products? <i>If plots have been made, state where, or how, they may be obtained.</i>	
Has any data been collected or samples taken? <i>Indicate if any off-site monitoring/sampling results are available by marking "Yes" or "No." If "Yes", please answer the next question.</i>	<div>Yes</div> <div>No</div>
How does FRMAC obtain this data? <i>Describe how FRMAC can obtain the data from the above, if applicable.</i>	

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Date: _____

What Protective Action guides will be used? (EPA, FDA, etc.).
What is the status of Protective Actions taken for public protection? (Provide brief summary of actions taken in the space below. Continue on separate page, if necessary).

III. *Identify the Group Leads for Technical/Operational Meetings*

List any additional groups (and group leaders) to be formed after the Advance Party Meeting to continue working issues. (For example, the Monitoring and Sampling Plan.)		
Group	Check if Group Req'd	Group Leader
Monitoring and Sampling	<input type="checkbox"/>	
Assessment	<input type="checkbox"/>	
Health and Safety	<input type="checkbox"/>	
Laboratory Analysis	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Event/Location: _____

Date: _____

IV. List of Concerns and Priorities.

<i>List operational problems, greatest needs/resource shortfalls. Prioritization will be done at Advance Party Meeting.</i>		
Agency	Concern	Priority (Leave blank. Complete at Advance Party Meeting.)
State		
Local		
Other Federal Agency		
Nuclear Facility		